

DEC 20 2005

PTO/SB/17 (12-04)

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| | | | |
|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 10/789,685 Filing Date 2/27/2004 First Named Inventor Jered Donald Aasheim Examiner Name BEHZAD PEIKARI Art Unit 2189 Attorney Docket No. MS1 1067USC1 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,970.00 | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims Extra Claims Fee (\$): 50 Fee Paid (\$): _____
 - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims Extra Claims Fee (\$): 200 Fee Paid (\$): _____
 - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--|----------|---------------|
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

| | |
|--|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | 180.00 |
| Other: Information Disclosure Statement; Request for Continued Examination | 790.00 |
| | 790.00 |

| | | | |
|---------------------|----------------------|------------------------|--------------------------|
| SUBMITTED BY | | Registration No. 52103 | Telephone (509) 324-9256 |
| Signature | <i>Jim Patterson</i> | (Attorney/Agent) | |
| Name (Print/Type) | Jim Patterson | Date | Dec 20, 2005 |

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Application Number: 10/789,685

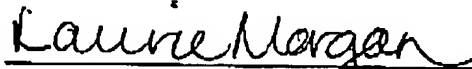
Filing Date: 2/27/2004

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each submitted paper.

1. Fee Transmittal
2. Petition To Withdraw From Issue
3. Request for Continued Examination
4. Information Disclosure Statement
5. PTO Form 1449

Total pages including cover sheet: 7

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